

# CALIFORNIA EMERGENCY MANAGEMENT AGENCY

## FIRE & RESCUE BRANCH

### HAZARDOUS MATERIALS COMPANY TYPING TRAINING INSPECTION RECORD

Department 3 Letter Identifier (MACS):	<b>XRI HMT</b>	Department Name:	<b>Hemet City Fire</b>	Company Designation:	<b>?</b>
Lead Point Of Contact:	<b>David Parkin, Captain</b>		Date of Inspection:	<b>6-05-12</b>	Location of Inspection: (Address)
Inspection Team:	<b>Dunbar, Abeel</b>		Inspection TYPE: (1, 2, or 3)	<b>3</b>	Inspection Result (Circle):
			<div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 5px;"> <span style="border: 1px solid black; padding: 5px;"><b>PASS</b></span> <span style="border: 1px solid black; padding: 5px;"><b>FAIL</b></span> </div>		

----- OFFICIAL USE ONLY -----				
UPDATE:	<input type="checkbox"/> TeamTypeReqList	<input type="checkbox"/> TeamListComplete	<input type="checkbox"/> TeamTypeCompletion (P/F)	<input type="checkbox"/> Q & F Table
MAIL:	<input type="checkbox"/> InspRecord	<input type="checkbox"/> TrngInspRecord	<input type="checkbox"/> TeamTypeCompletion (P/F)	
FILE:	<input type="checkbox"/> Master	<input type="checkbox"/> F & R	<input type="checkbox"/> Client	<input type="checkbox"/> MutualAidTable

14. TRAINING RECORDS							
14.1 Certified Training – Type 3							
Inv. #:	Item Name and Description	Requirement		Certification Or Standard	Type 1	Type 2	Type 3
		Hours	Staffing				
14.1.1	<b>HAZ-MAT TECHNICIAN (HMT),</b> Baseline for Type III Team [Each team member must be certified to 160 hour Hazardous Materials Technician course as offered by California Specialized Training Institute or State Fire Marshal's Office]	160 Hr	<b>5</b>	CCR Title 19 2520(k-n)	X	X	X
a.	TOTAL number of personnel HMT Certified (Include ALL shifts) in your Department / JPA Program:				X	X	X
b.	VERIFY Availability of FIVE (5) HMT Training Records: [This is the number of HMT Certified Employees that must be available for deployment of the Company]				X	X	X
c.	Deficient: [Number of HMT Certified employee positions not filled or available]				X	X	X
<b>NOTES:</b> List NAMES on the HMT Certificates		1. _____ 2. _____ 3. _____ 4. _____ 5. _____					
14.1 Certified Training – Type 2							
Inv #	Item Name and Description	Requirement		Certification Or Standard	Type 1	Type 2	Type 3
		Hours	Staffing				
14.1.2	<b>HAZ-MAT SPECIALIST (HMS),</b> Baseline for Type II Team [In addition to the HMT training, each team member must be additionally certified to 80 hour Hazardous Materials Specialist course as offered by California Specialized Training Institute or State Fire Marshal's Office]	80 Hr	<b>5</b>	CCR Title 19 2520(p-q)	X	X	X
a.	TOTAL number of personnel HMS Certified (Include ALL shifts) in your Department / JPA Program:				X	X	X
b.	VERIFY Availability of FIVE (5) HMT Training Records: [This is the number of HMT Certified Employees that must be available for deployment of the Company]				X	X	X
c.	Deficient: [Number of HMS Certified employee positions not filled or available]				X	X	X

14. TRAINING RECORDS							
<b>NOTES:</b> List NAMES on the HMS Certificates	1. _____ 2. _____ 3. _____ 4. _____ 5. _____						
<b>14.1 Certified Training – Type 1</b>							
Inv. #	Item Name and Description	Requirement		Certification Or Standard	Type 1	Type 2	Type 3
		Hours	Staffing				
14.1.3	<b>HAZ-MAT SPECIALIST-WEAPONS of MASS DESTRUCTION: Terrorism (HMS-WMD),</b> Baseline for Type I Team [In addition to the HMT and HMS training, each team member must be certified to this 24 hour Hazardous Materials course as offered by California Specialized Training Institute or State Fire Marshal's Office, or equivalent]	24 Hr	<b>7</b>	CCR Title 19 2520(o)	X	X	X
a.	<b>Number of personnel HMS-WMD Certified (Include ALL shifts):</b> [This can be verified by reviewing copies of certifying HMT Course Final Exams, or copies of certifying Letters of Qualification, or copies of individual Certificates of Completion for each week]					X	X
b.	<b>Minimum number HMS-WMD required (Include ALL shifts):</b> [This is the number of HMS-WMD Certified employees that must be available for deployment of the Company]					X	X
c.	<b>Deficient:</b> [Number of HMS-WMD Certified employee positions not filled or available]					X	X
<b>NOTES:</b> List NAMES on the HMS and WMD Certificates		<div style="display: flex; justify-content: space-between;"> <span>HMS(✓)</span> <span>WMD (✓)</span> </div> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____					
<b>14.2 Certified Training – Assistant Safety Officer</b>							
Inv. #	Item Name and Description	Requirement		Certification Or Standard	Type 1	Type 2	Type 3
		Hours	Staffing				
14.2.1	<b>ASSISTANT SAFETY OFFICER, Hazardous Materials,</b> Baseline for All Teams: [Certify that at least ONE ASSIGNED MEMBER has been trained to FIREScope ICS-HM-222-5 (Assistant Safety Officer – Hazardous Materials), or equivalent].	16 To 24	<b>1</b>	CSTI ASO CCR 2520r -- or -- FIREScope ICS HM-222-5	X	X	X
a.	<b>TOTAL number of personnel ASO Certified (Include ALL shifts) in your Department / JPA Program:</b>						
b.	<b>Minimum number ASO required (Include ALL shifts):</b> [This is the number of HMS-WMD Certified employees that must be available for deployment of the Company]. This person MUST BE one of those as indicated in section 14.1.1, or 14.1.2, or 14.2.3.						
c.	<b>Deficient:</b> [Number of ASO Certified employee positions not filled or available]						
<b>NOTES:</b> List NAME on the ASO Certificate		_____					